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| **MISSING PERSON RETURN INTERVIEW FORM** |

**Information**

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| Young Person’s Name: |
| Date of birth: |
| Gender and age: |

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| --- |
| Young Person’s Address: |
| Young Person’s mobile number: |

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| --- |
| Date reported missing: |
| Date and time of Return Interview: |
| Was this interview conducted within 72 hours?: Yes/No |
| Name of worker completing the interview: |
| Who else was present at the interview?: |

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| Date form completed and forwarded  [*npretsall@rutland.gcsx.gov.uk*](mailto:npretsall@rutland.gcsx.gov.uk)and  [*missingreturninterviews@leicestershire.pnn.police.uk*](mailto:missingreturninterviews@leicestershire.pnn.police.uk) |

**Young Person’s Voice**

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| What happened to make you go missing?  *(Planned, bored, something happened, to get away…)* |
|  |
| What happened whilst you were missing?  *(Where did you go, who you were with, any trouble, who you met, how did you get back, how you feel…?)* |
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| What can be done to stop you going missing again?  *(safety plan, support mechanisms, positive activities…)* |
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| Any concerns or issues raised by the young person? |
|  |
| Any concerns or issues identified by parents/carers? |
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**Signs of Safety and Outcomes**

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| What’s going well?  *(consider all of the information available)* |
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| What are we worried about?  *(worker’s concerns, identify risks, links to CSE, vulnerabilities, repeat missing etc)* |
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| Who have you discussed these concerns with? What actions have been taken? |
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| --- | --- | --- | --- |
| Please identify any of the following outcomes that you have actioned and offer information below: | | | |
| Actions: | Yes | No | N/A |
| Early Help Escalation Discussion with Social Work Colleagues |  |  |  |
| Consultation with CSE Team |  |  |  |
| Support offered |  |  |  |
| Onward referral to appropriate support |  |  |  |
| Closed – no further support required |  |  |  |
| Other: |  |  |  |
| Additional information: | | | |

**Consent and Information Sharing**

I (name of the young person)……………………………………………………………….

consent to this information being shared with (details) ………………………………………………………………………………………………….

…………………………………………………………………………………………………..

(dated)………………………………………………………………………………………….

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| **AIDE MEMOIRE QUESTIONS FOR RETURN INTERVIEW** |

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| Questions | Yes | No | Any Comments |
| **Why:** | | | |
| Anything in the home? |  |  |  |
| Peer Pressure? |  |  |  |
| Going to get drugs/alcohol? |  |  |  |
| Wanting family contact? |  |  |  |
| To clear your head? |  |  |  |
| Did you plan to run away – take food, clothes, money? |  |  |  |
| Did you just stay out? |  |  |  |
| Did friends encourage you to stay out? |  |  |  |
| Were you kept out against your will? |  |  |  |
| **When out:** | | | |
| Were you scared to return? |  |  |  |

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| --- | --- | --- | --- |
| Did you at any point want to return? |  |  |  |
| Did anything bad happen to you?  (physical, mental, sexual) |  |  |  |
| Were you offered drink/drugs – how much, what was it, was it bought, given or stolen and where from? |  |  |  |
| Were you held captive? |  |  |  |
| Where did you stay? |  |  |  |
| What did you do for food, money and clothing? |  |  |  |
| Did you manage to shower and if so where? |  |  |  |
| Was there anything you needed whilst away? |  |  |  |
| Did you make contact with anyone whilst away? |  |  |  |
| Did you get involved with the police? |  |  |  |

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| --- | --- | --- | --- |
| Did you commit crime – on your own, with someone, did someone ask you to do it? |  |  |  |
| Did you run from the police? |  |  |  |
| **Returning** | | | |
| Did you return of your own accord? |  |  |  |
| Were you returned by someone? |  |  |  |
| Did you ask to be picked up? |  |  |  |
| Were you scared to come back? |  |  |  |
| How do you feel now you are back? |  |  |  |
| Is there anything you need? |  |  |  |
| How have you been treated since you came back? |  |  |  |